



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
www.dbc.ca.gov



**APPLICATION TO REMOVE DISABLED STATUS
 from LICENSE B & P Code § 1716.1 (b)**

For Office Use Only

Approved – date notified _____

Disapproved – date notified _____

Please type or print legibly

Name of Licensee _____

Full Address _____

Birthdate _____ License Number _____

- ☐ I wish to remove the disabled status from my dental license, and return it to active status. I submit with this application the current renewal fee, and attach proof of having completed the required continuing education for renewal.

The following must be completed by your attending physician:

Physician's PRINTED Name: _____ Telephone number: _____

Physician's address: _____ City _____ State ____ Zip _____

Physician's license number _____ State attending physician is licensed in: _____

As physician for above-named dentist I certify under penalty of perjury under the laws of the State of California that he/she no longer has any disability which prevents the safe practice of dentistry.

Attending Physician's Signature _____ Date _____

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Applicant's Signature

 Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer Cynthia Gatlin, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.